

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936560

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		2				
5		/				
6		0				
7		/				
8		/				
9		0				
10		0				
11		0				
12		0				
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22		0				
23		0				
24	/					
25	/					
26		1				
27		2				
28		0				
29		0				
30		0				
31		/				
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46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4		2			
TOTAL DEP.	32		31			
TOTAL CLAIMS	36		36			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy